

LEAD SAFE RENOVATION RECORDKEEPING FORM

Name of Firm: _____

Date and Location of Renovation: _____

Brief Description of Renovation: _____

Name of Assigned Renovator: _____

Name(s) of Trained Workers, if used: _____

Name of Dust Sampling Technician, Inspector, or Risk Assessor, if used: _____

- ☐ Copies of renovator and dust sampling technician qualifications (training certificates, certifications) on file.
- ☐ Certified renovator provided training to workers on (check all that apply)
 - ☐ Posting warning signs
 - ☐ Setting up plastic containment barriers
 - ☐ Maintaining containment
 - ☐ Avoiding spread of dust to adjacent areas
 - ☐ Waste handling
 - ☐ Post-renovation cleaning
- ☐ Test kits use by certified renovator to determine whether lead was present on components affected by renovation (identify kits used and describe sampling locations and results):

- ☐ Warning signs posted at entrance to work area
- ☐ Work area contained to prevent spread of dust and debris
 - ☐ All objects in the work area removed or covered (interiors)
 - ☐ HVAC ducts in the work area closed and covered (interiors)
 - ☐ Windows in the work area closed (interiors)
 - ☐ Windows in and within 20 feet of the work area closed (exteriors)
 - ☐ Doors in the work area closed and sealed (interiors)
 - ☐ Doors in and within 20 feet of the work area closed (exteriors)
 - ☐ Doors that must be used in the work area are covered to allow passage but prevent the spread of dust.
 - ☐ Floors in the work area are covered with taped down plastic (interiors)
 - ☐ Ground covered by plastic covering 10 feet from work area – plastic anchored to building and weighted down by heavy objects (exteriors).
 - ☐ If necessary, vertical containment installed to prevent migration of dust and debris to adjacent property (exteriors).
- ☐ Waste contained on-site and while being transported off-site
- ☐ Work site properly cleaned after renovation
 - ☐ All chips and debris picked up, protective sheeting misted, folded dirty side inward, and taped for removal.
 - ☐ Work area surfaces and objects cleaned using HEPA vacuum and/or wet cloths or mops (interiors)
- ☐ Certified renovator performed post-renovation cleaning verification (describe results, including the number of wet and dry cloths used). _____

- ☐ If dust clearance testing was performed instead, attach a copy of the report.

I certify under the penalty of law that the above information is true and complete.

Name and title of Renovator (required)

Date

I certify that I have received a copy of this form.

Client Signature (required)

Date